

## JONES COUNTY ADULT DETENTION FACILITY

Release Sheet: JCADF0000092107

Page: 1

ID #: 2006100473

Name: WILLIAMS, DAVID DREW

Address: [REDACTED]

Phone(Home/Business) [REDACTED] (601) 000-0000

DOB: [REDACTED] Age: 41 YRS Height: 6-0

Race: W Sex: M Weight: 210

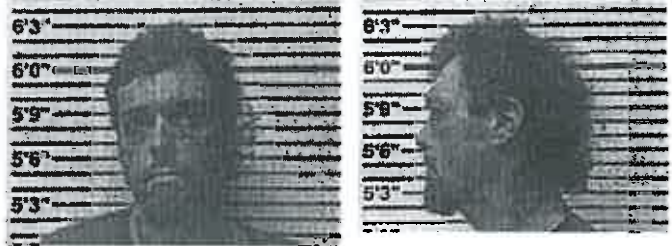
Eyes: BRO Ethnicity: N Appearance: 40

Hair: BRO Resident: R Build: 2

Scars/Marks/Tattoos: 07 Complexion: 06

Employer: [REDACTED] FBI ID: 63044VA1 IdentA:

SSN: [REDACTED] DL No.: [REDACTED] MS State ID:



Booking Date: 12/14/16 Time: 13:14

Release Date: 01/10/17 Time: 5:51

Officer: 2016040124 EZELL, SHELLY

Arrest Date: 12/14/16 Time: 13:00

Arresting Agency: JCSO

Officer: 2012010095 MYERS, CHARLES

Location: MORRIS BROWN

LAUREL

Searched By: 218

CLOTHING: Y

METAL:

PAT: Y

STRIP: Y

CAVITY:

NCIC:

WARRANT:

PRINTS:

PHOTO: Y

10-92 P/W

MS

Phone Call:

DETAINER:

ESCAPE:

Transfer(Y/N)?

Facility: JCADF

Reason for Release: TRANSPOR

Length of Stay:

Booking Officer: 2016020194 GAINEY, HILMON

Cell Assignment: FHOLDING

Status: MIN

Class: MDOC

Hold Reason: CH

Holding For:

Sentence Date: / /

Scheduled Release: / / 0:00

Court Date:

Attorney:

Bondsman:

Supplemental To:

Drug Screen:

Cash: \$0.75 Vehicle Information:

Vehicle Location:

Property Description:

1 LIGHTER

1 CHAPSTICK

1 NECKLACE

1 SILVER RING

1 WATCH

1 BRACELET

1 BELT

RING IN ENVELOPE

Property Location: W LOCKER

RELEASED TO TINA HELMS.....253/GUTHRIE

Seq.No.:	Code:	Description:	OFFENSES	Court	Bond Amt:	Bond Type:
Notes:	Incident Number	Statute (RSA)	Warrant Number		Fel/Misd	Fine Amount:
1	97-17-70	RECIEVING STOLEN PROPERTY-FELONY (MORE THA 97-17-70	JCCC		10,000.00 F	0.00
01/09/17,,,went to court...waitin paperwork .....252graham 10,000.00 BOND SET PER JUDGE LYONS						
2	97-17-70	RECIEVING STOLEN PROPERTY-FELONY (MORE THA 97-17-70	JCCC		10,000.00 F	0.00
10,000.00 BOND SET PER JUDGE LYONS						



CLT-(WILLIAMS)-000001

## JONES COUNTY ADULT DETENTION FACILITY

Release Sheet: JCADF0000092107

Page: 2

3	97-17-70	RECIEVING STOLEN PROPERTY-FELONY (MORE THA	JCCC	10,000.00	
	97-17-70			F	0.00
10,000.00 BOND SET PER JUDGE LYONS					
4	97-17-70	RECIEVING STOLEN PROPERTY-FELONY (MORE THA	JCCC	10,000.00	
	97-17-70			F	0.00
10,000.00 BOND SET PER JUDGE LYONS					
5	97-17-70	RECIEVING STOLEN PROPERTY-FELONY (MORE THA	JCCC	10,000.00	
	97-17-70			F	0.00
10,000.00 BOND SET PER JUDGE LYONS					
6	97-9-72	FELONY FLEEING IN MOTOR VEHICLE	JCCC	10,000.00	
	97-9-72			F	0.00
10,000.00 BOND SET PER JUDGE LYONS					
7	97-9-73	RESISTING ARREST	JCCC	10,000.00	
	97-9-73			F	0.00
10,000.00 BOND SET PER JUDGE LYONS					

## Release Notes:

TRANSPORTED TO MARION CO. BY OFFICER GODWIN

Total Bond Amount: \$70,000.00

I HAVE RECEIVED ALL OF MY PROPERTY, EXCLUDING MY MONEY AND VALUABLES, WHICH ARE CONTAINED IN THE SAFE. I ALSO UNDERSTAND THAT THESE ITEMS ARE TO BE PICKED UP DURING NORMAL BUSINESS HOURS AND IF NOT PICKED UP WITHIN 90 DAYS THEY WILL BE FORFEITED AND/OR DESTROYED

Inmate's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Releasing Officer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Authorized Release: 2006080186



# Jones County Sheriff's Department

## Medical Treatment Form

Alex Hodge, Sheriff

Date	12-14-16		2:00 PM
------	----------	--	---------

Adult Detention	Juvenile Detention	Inmate #	Cell #
			M#

Jones County Inmate	<input checked="" type="checkbox"/>	State Inmate	
Laurel Police Dept. Inmate		Ellisville Police Dept. Inmate	
Other Agency			

Medical Complaint	9/8 pain on Rt side of face
Treatment	mandibular fracture noted on xray today. IM Tetracycline given. I in office will send oral pain meds to IHS. Use ice pack on affected area. Will notify if any changes noted by Radiology.
	Intake 50 mg qd PEN penicillin.
	Soft foods only. Inmate until pt can move jaw properly.

Was inmate transported to a medical facility? Facility: EMC

Yes ☐ No ☒

Was inmate transported by ambulance?

Yes ☐ No ☒

All use of ambulance service or hospital treatment must first be approved by Administration.

Was Administration notified?

Yes ☐ No ☒

County Pay (Adult) 6156492	<input checked="" type="checkbox"/> (Juvenile) 6213147	
State Pay 6266923	Laurel Police Dept. Pay 5061684	
Inmate Pay		

I understand that I will be responsible and I will be required to pay all medical expenses. I understand that neither the Jones County Sheriff's Department nor the Jones County Board of Supervisors will be responsible for my medical expenses while I am incarcerated in the Jones County Adult Detention Center.

Inmate Signature

Date

Print Name

INDIGENCY PROCEEDING

1. What is your name? \_\_\_\_\_
2. Are you presently in jail or out on bond? \_\_\_\_\_
3. Where do you live? \_\_\_\_\_
4. With whom do you live? \_\_\_\_\_
5. Are you employed? \_\_\_\_\_
6. What kind of work does you do or have you done and what? \_\_\_\_\_
7. Do you have any dependants, if so, how many? \_\_\_\_\_
8. Do you have any wages due to you or owing to you at this time for work performed by you in the past which has not yet been paid? \_\_\_\_\_
9. Do you have a bank account? \_\_\_\_\_
10. Do you have a checking account? \_\_\_\_\_
11. Do you have a savings account? \_\_\_\_\_
12. Do you own any stocks or bonds? \_\_\_\_\_
13. Do you own a vehicle of any type, if so, make and model and what its worth and if there is anything owed on it, who has possession of it and in whose name is it registered in? \_\_\_\_\_
14. Do you own real property, if so, what type? \_\_\_\_\_  
Where is it located, in whose name is it titled? How much is it worth? What is Owed on it and to whom is it owed? \_\_\_\_\_
15. Do you own anything else of value that can be sold and/or converted into money for the purpose of hiring an attorney? \_\_\_\_\_

Then you make a determination whether or not they are indigent. If they are, then ask them if they want an attorney. If they so desire, then you appoint one.

**CERTIFIED**

IN THE JUSTICE COURT OF JONES COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI  
VERSUS

David Drew Williams

NO. \_\_\_\_\_

APPOINTMENT OF PUBLIC DEFENDER

Came before the court, this day, the defendant, David Drew Williams, requesting the Court to appoint an attorney and the Court having first placed the defendant under oath finds as follows:  
Property (real or personal) \_\_\_\_\_

Employment Status \_\_\_\_\_

Number of Dependents \_\_\_\_\_

Income from any other source \_\_\_\_\_

Ability of parent or spouse to provide attorney fee \_\_\_\_\_

Other \_\_\_\_\_

This Court having considered the affidavit of indigence filed by the defendant in the above styled and numbered cause and finding of the defendant's financial ability to hire counsel finds that the defendant is an indigent person within the provisions of Section 25-32-9, Mississippi Code, Annotated 1972, and hereby appoints the Public Defender to represent the defendant in the above styled and numbered cause.

SO ORDERED, THIS THE 16 DAY OF December, 2016.


David Lyons  
JUSTICE COURT JUDGE  
JONES COUNTY, MS

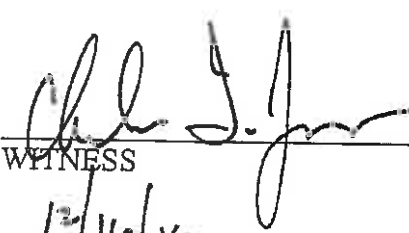
CERTIFIED

### THREE WAYS TO MAKE BOND

1. PROPERTY BOND. This type bond is usually made with the assistance of an Attorney and must be approved by the Sheriff.
2. RULE BOND. This is made by filing 10% of the bond with the Circuit Clerk's office. This method may be used if you have never been convicted of a felony, and the crime you are now charged with is non-violent. Most of this money will be returned after the case has been handled by the court or applied to the fines and restitution.
3. PROFESSIONAL BONDSMAN. This method is used by paying a Professional bondsman a 10% fee if you are in the state and a 15% if outside of the state. The money is not returnable and cannot be used for fines or restitution.

I HAVE RECEIVED A COPY OF THE THREE WAYS TO MAKE A FELONY BOND.

  
\_\_\_\_\_  
DEFENDANT

  
\_\_\_\_\_  
WITNESS

12/16/16  
\_\_\_\_\_  
DATE

CERTIFIED



PUBLIC DEFENDERS' OFFICE NOTICE

August 13, 2013

TO ALL FELONY DEFENDANTS

FROM: Jeannene T. Pacific, Administrator of Public Defender's Office  
527 Central Avenue, Laurel, MS 39440; 601-649-9200

In an effort to answer questions and make clear the position of the Jones County Public Defender's Office, please note that each lower court, Justice & Municipal, make ONLY preliminary determinations of your ability to hire private legal representation, and if they do so determine that you are entitled to a public defender, one will be appointed, on a rotation basis, to represent you.

This determination is ONLY preliminary, and at a later time you must be found to be indigent and unable to hire private legal counsel at such time as you are indicted by a Grand Jury or your case is handled through alternate means by the District Attorney's Office.

At such time as you are determined to be indigent by the Circuit Court, then you will be appointed a Public Defender. The Public Defenders are assigned cases in rotation order. You do not get to choose which Public Defender you wish. You will be assigned to either Hon. Michael Mitchell, Hon. John Piazza, or Hon. Patrick Pacific.

If you have been granted a bond hearing/initial appearance, we then wait for the proper law enforcement agency handling your case to forward the case file to the D.A.'s Office. This can take up to 3 months for the file to reach the D.A.'s Office or maybe longer.

Of course, the Public Defender's Office is glad to assist the lower courts, but our Justice Court and Municipal Court Judges furnish felony defendants a speedy and thorough Initial Appearance and bond hearing. Therefore, the Public Defender's Office is ONLY made aware of the specifics of your case when it reaches the D. A.'s Office and not at any point prior to.

I trust that the above information will prove helpful in explaining this part of the criminal process.

Sincerely

Jeannene T. Pacific

STATEMENT OF MIRANDA RIGHTS

1. You have the right to remain silent.
2. Anything you say can and will be used against you in a court of law.
3. You have the right to talk to a lawyer and have him present with you while you are being questioned.
4. If you cannot afford to hire a lawyer, one will be appointed to represent you before questioning, if you wish.
5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

X Darrell Williams  
DEFENDANT

WITNESSED BY:  
Charles S. Myers

OFFICER'S NAME:  
CHARLES S. MYERS

OFFICER'S DEPARTMENT:  
SCSO

DATE:  
12/16/16

TIME:  
1356 hrs.

CERTIFIED



## CERTIFICATE OF INITIAL APPEARANCE

I certify that David Drew Williams (FELONY) whose address is [REDACTED] was granted an initial appearance before me on the 16 day of December, 2016.

The following information was given to the defendant verbally and a copy of this certification was also given to the said defendant.

TO: David Drew Williams, defendant

1. CHARGE AND PENALTY. You have been charged with the following felony crime(s). pg 1 of 2

CRIME	STATUTES
A. <u>Receiving Stolen Property</u>	<u>97-17-70</u>
B. <u>Receiving Stolen Property</u>	<u>97-17-70</u>
C. <u>Receiving Stolen Property</u>	<u>97-17-70</u>
D. <u>Receiving Stolen Property</u>	<u>97-17-70</u>
E. <u>Receiving Stolen Property</u>	<u>97-17-70</u>

A copy of the complaint against you is attached to this certificate. If your name and address as shown above are incorrect, the error should be pointed out to the Court, or any officer of the Court in which you appear.

2. RIGHT TO REMAIN SILENT. You are not required to speak and any statements you make may be used against you.
3. RIGHT TO AN ATTORNEY. You have the right to the assistance of counsel and if you are unable to afford counsel an attorney will be appointed to represent you. An application for appointment of counsel is attached to this certificate. If you wish to hire your own attorney, you will be given opportunity by the officer in charge of the jail to make necessary telephone calls to obtain counsel.
4. RIGHT TO COMMUNICATION. You have the right to communicate with your attorney, family, or friends and reasonable means will be provided by the officer in charge of the jail to enable you to do so.
5. RIGHT TO PRELIMINARY HEARING. You have a right to a preliminary hearing before a judicial officer of the charges made against you to determine whether there is probable cause to believe that a crime has been committed and that you committed it. If such probable cause is found not to exist, you will be discharged from custody. At any such preliminary hearing you shall have the right to cross-examine any witnesses offered against you, compel the attendance of witnesses in your own behalf by subpoena and offer any evidence in your own behalf. An application for preliminary hearing is/is not Attached hereto.
6. BAIL. You have/do not have the right to bail. Your bail is corresponding to The charge set forth in paragraph 1 above is:

a. \$10,000 b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_

X 7 Times

CERTIFIED

Total \$ 70,000  
dollars

## CERTIFICATE OF INITIAL APPEARANCE

I certify that David Drew Williams (FELONY) whose address is [REDACTED] was granted an initial appearance before me on the 16 day of December, 2016.

The following information was given to the defendant verbally and a copy of this certification was also given to the said defendant.

TO: David Drew Williams, defendant

1. CHARGE AND PENALTY. You have been charged with the following felony crime(s).

CRIME	STATUTES
A. <u>Felony Fleeing</u>	<u>97-9-12</u>
B. <u>Felony Resisting Arrest</u>	<u>97-9-23</u>
C. _____	_____
D. _____	_____
E. _____	_____

A copy of the complaint against you is attached to this certificate. If your name and address as shown above are incorrect, the error should be pointed out to the Court, or any officer of the Court in which you appear.

2. RIGHT TO REMAIN SILENT. You are not required to speak and any statements you make may be used against you.
3. RIGHT TO AN ATTORNEY. You have the right to the assistance of counsel and if you are unable to afford counsel an attorney will be appointed to represent you. An application for appointment of counsel is attached to this certificate. If you wish to hire your own attorney, you will be given opportunity by the officer in charge of the jail to make necessary telephone calls to obtain counsel.
4. RIGHT TO COMMUNICATION. You have the right to communicate with your attorney, family, or friends and reasonable means will be provided by the officer in charge of the jail to enable you to do so.
5. RIGHT TO PRELIMINARY HEARING. You have a right to a preliminary hearing before a judicial officer of the charges made against you to determine whether there is probable cause to believe that a crime has been committed and that you committed it. If such probable cause is found not to exist, you will be discharged from custody. At any such preliminary hearing you shall have the right to cross-examine any witnesses offered against you, compel the attendance of witnesses in your own behalf by subpoena and offer any evidence in your own behalf. An application for preliminary hearing is/is not Attached hereto.
6. BAIL. You have/do not have the right to bail. Your bail is corresponding to The charge set forth in paragraph 1 above is:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_

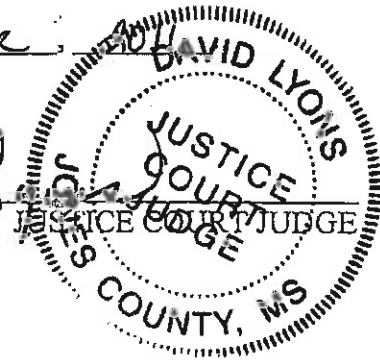
**CERTIFIED**

The SHERIFF OF JONES COUNTY must approve any bond.

7. COMMITMENT. You are hereby committed to the custody of the JONES COUNTY SHERIFF'S DEPARTMENT to await the action of the JONES COUNTY GRAND JURY next convened or further action of the Circuit Court of said county.

THIS THE 11<sup>th</sup> DAY OF December, 2018

Daniel H. Lyons



CERTIFIED

IN THE JUSTICE COURT OF JONES COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VERSUS

David Drew Williams

NO. \_\_\_\_\_

AFFIDAVIT OF INDIGENCY

Came this day this cause, the defendant, DAVID DREW WILLIAMS, in the above styled and numbered cause and after first being placed under oath by the Court, makes affidavit that he is an indigent person within the provision of Section 25-32-9, Mississippi Code of 1972 Annotated as Amended and is unable to employ Counsel.

David Williams  
X David Williams  
DAVID LYONS  
DEFENDANT  
JUSTICE COURT  
JONES COUNTY, MS

CERTIFIED

**South Central Regional Medical Center Emergency Department**

1220 Jefferson Street, Laurel, MS 39440

(601) 426-4000

**Discharge Instructions (Patient)**

---

**Name:** WILLIAMS, DAVID D

**Current Date:** 2/17/2017 17:43:07

**DOB:** [REDACTED] **MRN:** 6070448

**FIN:** 100218958

**Diagnosis:**

**Visit Date:** 2/17/2017 14:44:00

**Primary Care Provider:**

**Name:** Shoemake, Kelly MD

**Phone:** (601) 477-8553

**Emergency Department Providers:**

**Primary Provider:**

Dunbar, Marvin

South Central Regional Medical Center Emergency Department would like to thank you for allowing us to assist with your healthcare needs. The following instructions include patient education materials and information regarding your injury/illness.

**Comment:**

WILLIAMS, DAVID D has been given the following list of follow-up instructions, prescriptions, and patient education materials:

**Follow-up Instructions:**

**With:**

**Address:**

**When:**

Donald Scoggin

In 1 day 2/18/2017

**Comments:**

Call Donnie Scoggins, NP upon arrival Jail. for further instructions and workup.

**Patient Education Materials:**

Seizure, Adult

2-17-17



ELLISVILLE MEDICAL PARK

A Division of South Central Regional Medical Center  
Family Medicine • OB-GYN • Pediatrics • Physical Therapy

Name David Williams DOB/MRN 3/17/75

\*\*ALLERGIES: NKA Metformin  
1000 bid

SMOKER OR NONSMOKER \_\_\_\_\_ LMP \_\_\_\_\_

Wt \_\_\_\_\_ HT \_\_\_\_\_ B/P 146/90 HR \_\_\_\_\_ O2 \_\_\_\_\_

FINDINGS: \_\_\_\_\_  
Seizure like act  
\_\_\_\_\_  
\_\_\_\_\_

ORDERS \_\_\_\_\_  
To ER for Eval  
\_\_\_\_\_  
\_\_\_\_\_

DIAGNOSIS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS PT WAS SEEN @ JONES COUNTY ADULT DETENTION

Add -

DAVID Williams 3/17/75

Add Geodon 40g Bid x 2





ELLISVILLE MEDICAL PARK

*A Division of South Central Regional Medical Center*  
Family Medicine • OB-GYN • Pediatrics • Physical Therapy

Name David Williams DOB/MRN 3/17/75

\*\*ALLERGIES: \_\_\_\_\_

SMOKER OR NONSMOKER \_\_\_\_\_

LMP \_\_\_\_\_

Wt \_\_\_\_\_ HT \_\_\_\_\_ B/P \_\_\_\_\_ HR \_\_\_\_\_ O2 \_\_\_\_\_

FINDINGS: \_\_\_\_\_  
\_\_\_\_\_ EMP / MC \_\_\_\_\_  
\_\_\_\_\_

ORDERS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIAGNOSIS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Lab only \_\_\_\_\_  
\_\_\_\_\_

THIS PT WAS SEEN @ JONES COUNTY ADULT DETENTION

Please Register under EMP

originals



ELLISVILLE MEDICAL PARK

A Division of South Central Regional Medical Center  
Family Medicine • OB-GYN • Pediatrics • Physical Therapy

Name David Williams DOB/MRN 3-17-75

Meds

\*\*ALLERGIES: NKDA

Metformin  
1000mg BID

SMOKER OR NONSMOKER \_\_\_\_\_ LMP \_\_\_\_\_

Pulsec

Wt 195 HT \_\_\_\_\_ B/P 148/85 HR 73 O2 \_\_\_\_\_

FINDINGS: MED Check

ORDERS Refill metformin 1000 bid - x 2  
Future order A/C & CMP  
for 3/6

DIAGNOSIS \_\_\_\_\_

THIS PT WAS SEEN @ JONES COUNTY ADULT DETENTION

X  
X

*SNOS*

Date

Name

Time	Reading	Dosage
	173	

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Date

Name

*David Williams*

Time	Reading	Dosage
0759	205	

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Date

Name

*2-21-17*

Time	Reading	Dosage
	173	

Inmate Signature:

Officer Signature

Inmate Signature:

Date

Name

Time	Reading	Dosage

Inmate Signature:

Officer Signature

CLT-(WILLIAMS)-000018

Date

Name

Time	Reading	Dosage
1545	245	

Date

Name

Time	Reading	Dosage
0639	195	
	189	

Date

Name

Time	Reading	Dosage
0618	169	
	207	

Date

Name

Time	Reading	Dosage
	286	

Date

Name

Time	Reading	Dosage
	250	
3.6.17	258	

Date

Name

Time	Reading	Dosage
2200	195	

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

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Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

CLT-(WILLIAMS)-000019

3-7-11

(111)

Date

3-7-17

Name

David Williams

Time	Reading	Dosage
noon	117	✓

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Inmate Signature: David WilliamsOfficer Signature D. Williams 234

Date

3-10-17

Name

D. Williams

Time	Reading	Dosage
noon	135	
noon	178	✓

Inmate Signature: D. WilliamsOfficer Signature J. Jones 251Inmate Signature: D. WilliamsOfficer Signature D. Williams 234

Date

3-11-17

Name

D. Williams

Time	Reading	Dosage
noon	132	
noon	134	✓

Inmate Signature: D. WilliamsOfficer Signature J. Jones 251Inmate Signature: D. WilliamsOfficer Signature D. Williams 234

Date

3-12-17

Name

D. Williams

Time	Reading	Dosage
noon	147	
noon	134	✓

Inmate Signature: D. WilliamsOfficer Signature J. Jones 251Inmate Signature: D. WilliamsOfficer Signature D. Williams 234

te S

9-9-17  
Name Williams

Time	Reading	Dosage
	172	

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Officer Signature

Inmate Signature: Will 207

\_\_\_\_\_  
Officer Signature

Date 9-13-17Name WILLIAMS

Time	Reading	Dosage
0007	195	

Inmate Signature: [Signature]Officer Signature: [Signature]

Inmate Signature: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

0620	116	

Officer Signature: \_\_\_\_\_

CLT-(WILLIAMS)-000022



Date 9-19-17Name Williams

Time	Reading	Dosage
	<u>Refused</u>	

Date \_\_\_\_\_

Name \_\_\_\_\_

Time	Reading	Dosage

Date \_\_\_\_\_

Name \_\_\_\_\_

Time	Reading	Dosage

Date \_\_\_\_\_

Name \_\_\_\_\_

Time	Reading	Dosage

Inmate Signature: \_\_\_\_\_

Officer Signature JS 757

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_ CLT-(WILLIAMS)-000023

Name

Williams

Time	Reading	Dosage

Date

9-23-17

D Roland

Offic

Inmate Signature:

Refused

Officer Signature

J. Jones

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

J. Jones 281

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

J. Jones

Inmate Signature:

Officer Signature

Date

9-23-17

Name

D Williams

Time	Reading	Dosage
0605	161	

Inmate Signature:

Officer Signature

J. Jones

Inmate Signature:

Officer Signature

CLT-(WILLIAMS)-000024

Date

9-23-17

Inmate Signature: \_\_\_\_\_

Officer Signature

J. Williams 251

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Inmate Signature: \_\_\_\_\_

Officer Signature

J. Williams 251

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Inmate Signature: \_\_\_\_\_

Officer Signature

J. Williams 251

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Time	Reading	Dosage
0612	104	

Date

9-26-17

Name

Williams

Time	Reading	Dosage
0612	Refused	

Inmate Signature: \_\_\_\_\_

Officer Signature

J. Williams 251

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Inmate Signature: \_\_\_\_\_

Officer Signature

J. Williams 251

Signature: \_\_\_\_\_

Signature \_\_\_\_\_

Signature: \_\_\_\_\_

Signature

J. Williams 251

Signature: \_\_\_\_\_

Signature \_\_\_\_\_

Date

9-27-17

Name

D. WILLIAMS

Time	Reading	Dosage
0015	133	

Inmate Signature: \_\_\_\_\_

Officer Signature

[Signature] 251

Inmate Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Date

9/26/17

Name

David Williams

Time	Reading	Dosage
0630	156	

Inmate Signature: \_\_\_\_\_

Officer Signature

Sgt Allen

Inmate Signature: \_\_\_\_\_

Officer Signature: \_\_\_\_\_